

# Vision Plan Summary

## *Regular and Local 587 Employees*



Vision coverage is provided by Vision Service Plan. You can use any eye care provider you wish, but the benefits are generally higher (your out-of-pocket expenses are less) and the provider automatically files your claim if you see a VSP provider. (Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below; VSP providers may not accept a Group Health prescription for lenses.)

Vision Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts, minus a maximum \$10 copay ...
Exams (once every 12 months)	100%	Up to \$40
Lenses (1 pair every 12 months)		
• Single vision	100%	Up to \$40
• Bifocal	100%	Up to \$60
• Trifocal	100%	Up to \$80
• Lenticular	100%	Up to \$125
• Polycarbonate for children	100%	Not covered
• Progressive	100%	
• Tints	100%	Up to \$5 for upgrade to progressive, tints and coatings combined
• Coatings	100%	
Frames (once every 24 months)	Covered up to \$130; if you chose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket costs	Up to \$45
Contacts (once every 12 months in place of eyeglass lenses and frames)		
• Elective	100% up to \$105	Up to \$105
• Medically necessary	100%	Up to \$210